Austin, Texas 78711-2070

## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

# FORM C/OH COVER SHEET PG 1

	1 ACCOUNT# 2 Total pages filed:				
The C/OH INSTRUCTION this form.	N GUIDE explains how to complete (Ethics Commission filers)				
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr First MI	OFFICE USE ONLY			
NAME	NICKNAME LAST SUFFIX	Date Received			
	Revez				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 327 E. Huisache San Antonio 7 K 78212				
MAILING ADDRESS	32 1 E HUISBENG OFF	Date Hand-delivered or Date Postmarked			
Change of Address		Cara Garan Garan			
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	(Zio) 394 1464	Receipt # Amount			
6 CAMPAIGN	MS/MRS/MR FIRST MI	Date Processed			
TREASURER NAME	Me. Keir	Date Imaged			
, <u>-</u>	NICKNAME LAST SUFFIX  Ne sserger	7			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE			
TREASURER ADDRESS		70211			
(Residence or business)  3 CAMPAIGN	24 Repens Wood Son Factoria TX  AREA CODE PHONE NUMBER EXTENSION	78216			
TREASURER PHONE	(210) 325-7402				
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day  THROUGH  i / 30	Year / 6 \(  \)			
11 ELECTION	ELECTION DATE ELECTION TYPE  Month Day Year  L A				
	Primary Runoff	General Special			
12 OFFICE	OFFICE HELD (# any)  13 OFFICE SOUGHT (# known  HOLE	)			
14 NOTICE OF DIRECT CAMPAIGN	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the cand Candidates are required to disclose this information only if they receive notification of the direct</li> </ul>				
EXPENDITURE BY OTHER	Name				
INDIVIDUALS	PORE				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				
additional pages	NA				
	GO TO PAGE 2				
		1			

## CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

# FORM C/OH COVER SHEET PG 2

1-800-325-8506

B CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED   CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   CONTRIBUTIONS   CONTRIBUTIONS   CONTRIBUTIONS   CONTRIBUTIONS   CONTRIBUTION   CONTRIBUTIONS   CONTRIBUTIONS   CONTRIBUTIONS   CONTRIBUTIONS   CONTRIBUTION   CONTRIBUTIONS   CONTRIBUTIO	15 C/OH NAME			16ACCOUNT # (Ethics Commission filers)
FROM POLITICAL COMMITTEE(S)  COMMITTEE (S)  COMMITT				
COMMITTEE TYPE  GOMETITE TYPE  GOMETITE TYPE  GOMETITE TYPE  GOMETITE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  NA  COMMITTEE CAMPAIG	FROM POLITICAL	may have been mad	e without the candidate's or officeholder's knowledge or consent. Candidat	es and officeholders are required to report
COMMITTEE CAMPAIGN TREASURER NAME  DA  COMMITTEE CAMPAIGN TREASURER NAME  LA  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TRANS  CO	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	Francisco (1980)
SPECIFIC		GENERAL	NONE	,
COMMITTEE CAMPAIGN TREASURER NAME    D		SPECIFIC	COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME    COMMITTEE CAMPAIGN TREASURER ADDRESS			NA	12
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CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  19. AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code:  Notary Public, State of Texas May 28, 2009  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  Of Dular 20 65, to certify which, witness my hand and seal of office.		4. TOTAL	POLITICAL EXPENDITURES	\$ 4400=
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  Notary Public, State of Texas May 26, 2009  May 26, 2009  Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said with the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code.  Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said of July 20 C5 , to certify which, witness my hand and seal of office.				Υ .
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15. Election Code:  May 25, 2009  Signature of Candidate or Officeholder  Sworn to and subscribed before me, by the said of July 20, 20 , to certify which, witness my hand and seal of office.	- 1			
is true and correct and includes all information required to be reported by me under Title 15. Election Code:  Notary Public, State of Taxass May 26, 2009  May 26, 2009  Sworn to and subscribed before me, by the said  of	19 AFFIDAVIT			
My Commission expires May 25, 2009  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said			· · · · · · · · · · · · · · · · · · ·	
Sworn to and subscribed before me, by the said		JODI LYNNE IE otary Public, State of My Commission as May 26, 2008	TRIEN me under Title 15. Election Code.	omiation required to be reported by
of July 20 65, to certify which, witness my hand and seal of office.	AFFIX NOTARY STAME	P / SEAL ABOVE	Signature of Candid	late or Officeholder
	Sworn to and subscrib	oed before me, by	the said Kwant J. Levez	, this the 15 day
Codificano Veriam SODELVALUE TERTEN Motors Public	of July 2	0 <u>05</u> , to cer	tify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath	Signardire of officer add	ne Serie-	TODY LYNNE TERIEN  Printed name of officer administering oath  Title	otary Public of office administering oath

**POLITICAL EXPENDITURES** 

#### SCHEDULE F

1-800-325-8506

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule F: 1/3
2 FILER NAME	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Payee name  Aic COOINEZ CAM NAIN  6 Payee address; City; State; Zp Code  5.20 ReiAN 5-7	7 Amount (\$)
1/12/03	73501 \$100.00
8 Purpose of payment (See instructions regarding type of information required.)  Political boundon	9 •• Complete if direct expenditure to benefit C/OH •• Candidate / Office holder name Office sought Office held
Payee name  Column Cours Poxiks  Payee address; City; State; Zip Code	ယ
1/31/05 Sm Antonio TK 7	8205 \$100.005
Purpose of payment (See instructions regarding type of information required.)	•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held
Payee name  Payee name  Payee address; City: State; Zip Code  LOD Eayliand Drive  San Antonio TX  Purpose of payment (See instructions regarding type of information	8212 /00.00
required.)	Complete if direct expenditure to benefit C/OH      Candidate / Officeholder name
Date Payee name  An An tonio live Stock  Payee address; City: State; Zip Code  320 E. Lecuston	Exposition Amount (\$)
2(1 05 Sm. Autorio TX  Purpose of payment (See instructions regarding type of information required.)	78207 300°0  Complete if direct expenditure to benefit C/OH ··
Donation	Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

#### **POLITICAL EXPENDITURES**

### SCHEDULE F

				·
The Instruction (	Guide explains how to complete this form.		1 Total pages	Schedule F: 2/3
2 FILER NAME			3 ACCOUNT	# (Ethics Commission filers)
	5 Payee name  St Leo's Cattul  6 Payee address; City; State: Zip Code	lic Church		7 Amount (\$)
4/20/05	Sm Autoxio, TX			250 00
8 Purpose of payme required.)	ent (See instructions regarding type of information	9 ·· Complete if dir Candidate / Officeholder n		to benefit C/OH •• Office Sought Office Sold
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#### **POLITICAL EXPENDITURES**

#### SCHEDULE F

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2 FILER NAM	E		3 ACCOUNT # (Ethics Commissi	ion filers)
4 Date	5 Payee name Mainl 5. Perez			nount (\$)
6/12/05	6 Payee address; City; State; Zip Code 54 Vhujhan San At	nio TK 7	8201 950	0
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